

MULTIPLE DEPEN. CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

1 SERIAL NO. 500996

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			
	IND.		DEP.		IND.			IND.		DEP.		IND.			
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49							98								
50							99								
TOTAL IND.	2						100								
TOTAL DEP.	11														
TOTAL CLAIMS	13														